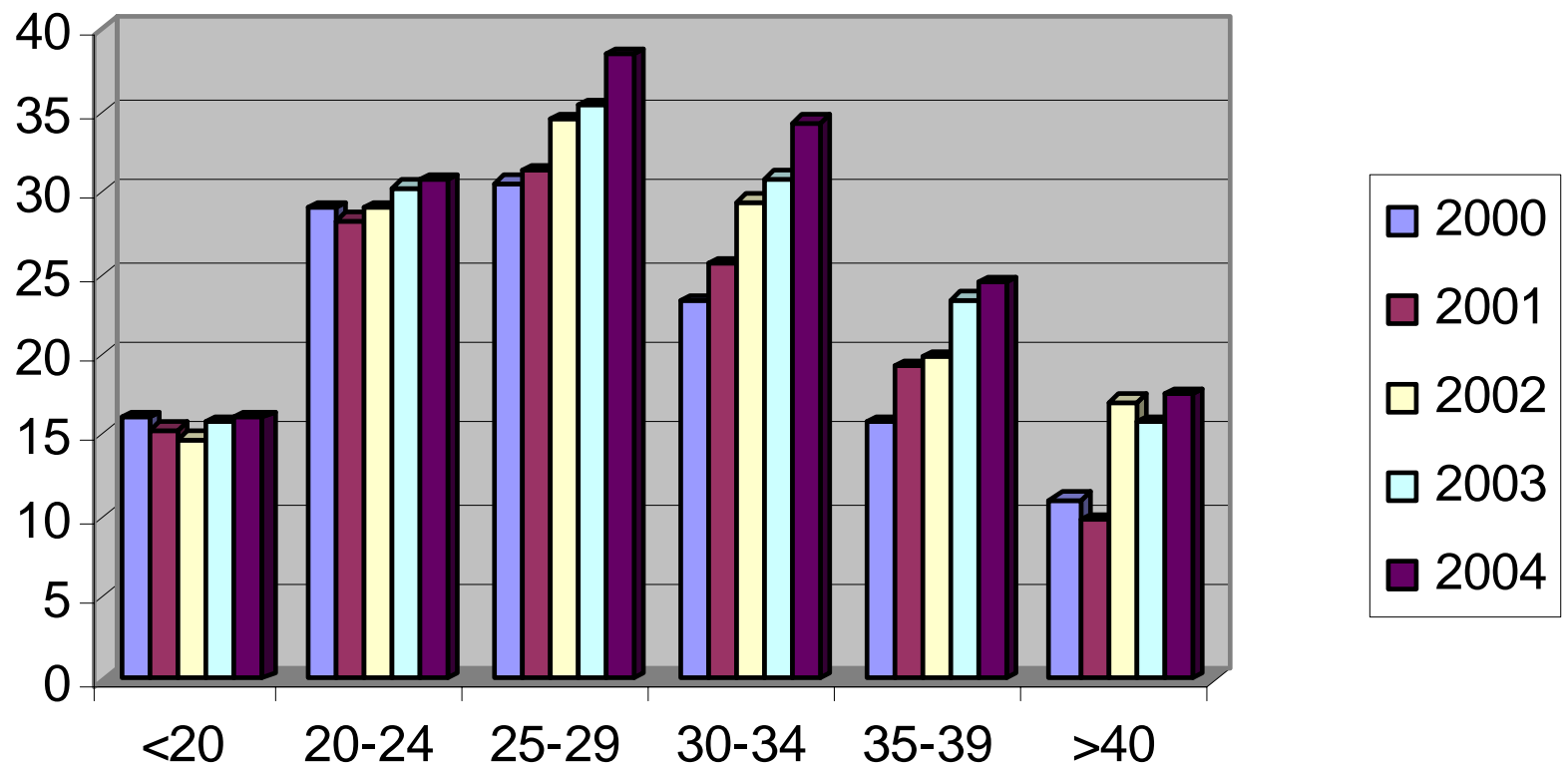


The Higher Education HIV/AIDS Programme

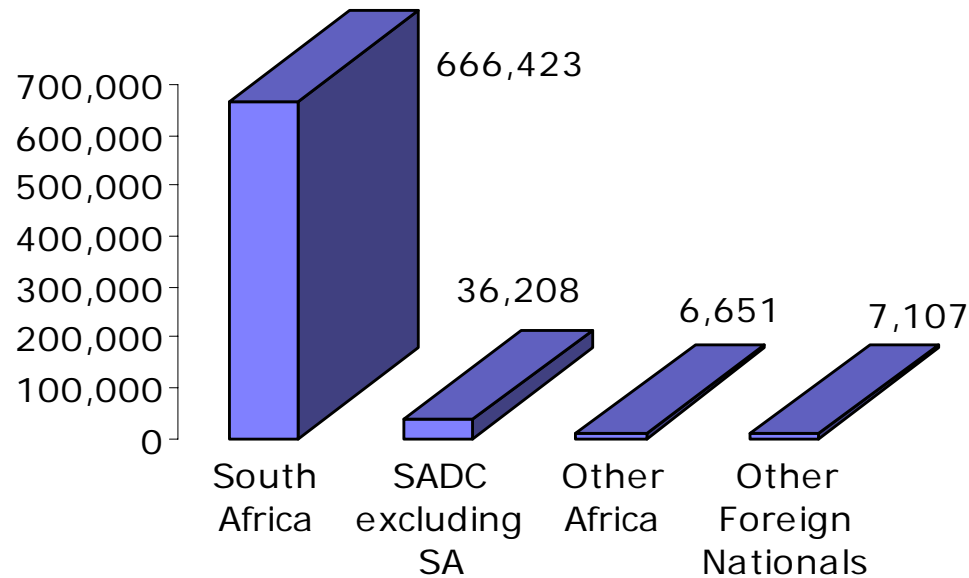
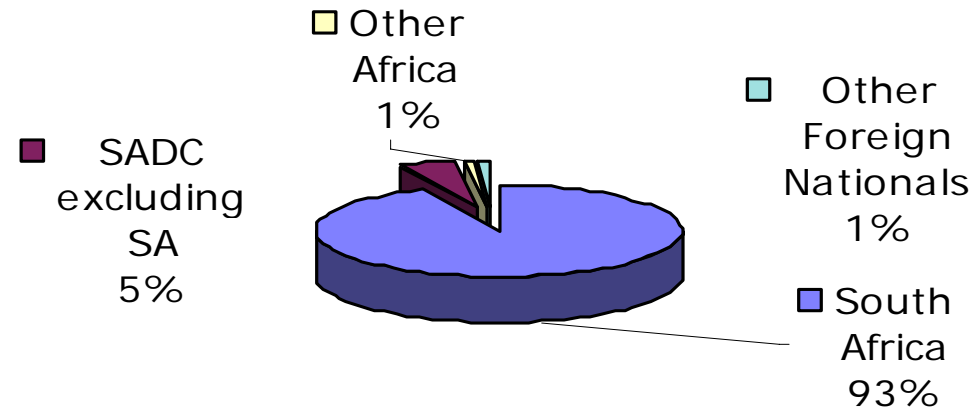
Barbara Michel
15th February 2006






National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa: 2004

Existing participation in South African HE: more than 700,000 students in 23 Institutions



The Nature of Risk on Campus

- Coming from school system
 - Age and stage of development
 - First time away from home and supervision
 - Orientation week – risks and opportunities
 - Residence life adjustments and on/off campus groupings
 - Transient nature – on and off campus, long vacations, etc.
 - Student vulnerability
 - Intensive unconstrained social environment
 - Female exposure to older men
 - Male exposure to assertive women
 - Easy access to alcohol and drugs
 - New pecking order and social relationships

 - 700,000 students represents a substantial and accessible proportion of the 18 – 23+ age cohort
- 

Where we started....

- 1999 – HE – rapid survey of sector
- HEAIDS launched December 2001
- VCs signed agreement
- Institutional Officer identified
- Grant management, national forum member
- Sector strategic plan development
- Sector response (not a health response)

HEAIDS objectives

- Promoting safer sexual behaviour among staff and students and preventing the spread of HIV
- Protecting institutions and helping them respond to needs of students & staff infected and affected
- Building capacity to mitigate and manage the impact of the epidemic
- Developing a co-ordinated response to the epidemic within institutions and across the higher education sector
- Knowledge production and teaching in a world with HIV and AIDS

HE VCT Strengths

- ACCESS to health services
 - Motivated and willing cohort of staff
 - Campus Health provides a wide menu of services (FP, PHC, PEP, RH, STI, Prevention, Health Management, EAP)
 - Condom distribution
 - Professional and competent staff: skills, knowledge, on site youth appropriate facility, staff, possible ARV programme
 - Solid infrastructure, resources
 - Limited budget
 - Links to other supportive stakeholders: leadership, student counselling, student development, residence staff
-

Students, HIV/AIDS and VCT

- Prevention remains critical
 - Taking advantage of student talent and enthusiasm
 - Minimal disclosure on campus by staff or students
 - Sick residence students are reluctant to go home – need campus care
 - Some good developments e.g. support groups
 - Waiting lists for VCT: lack of HR capacity, space
 - Lack of access to CD4 count facilities
 - Some students come to VCT too late $CD4 < 250$
 - Some experience of students dying in residences
 - Potential for comprehensive care programme
-

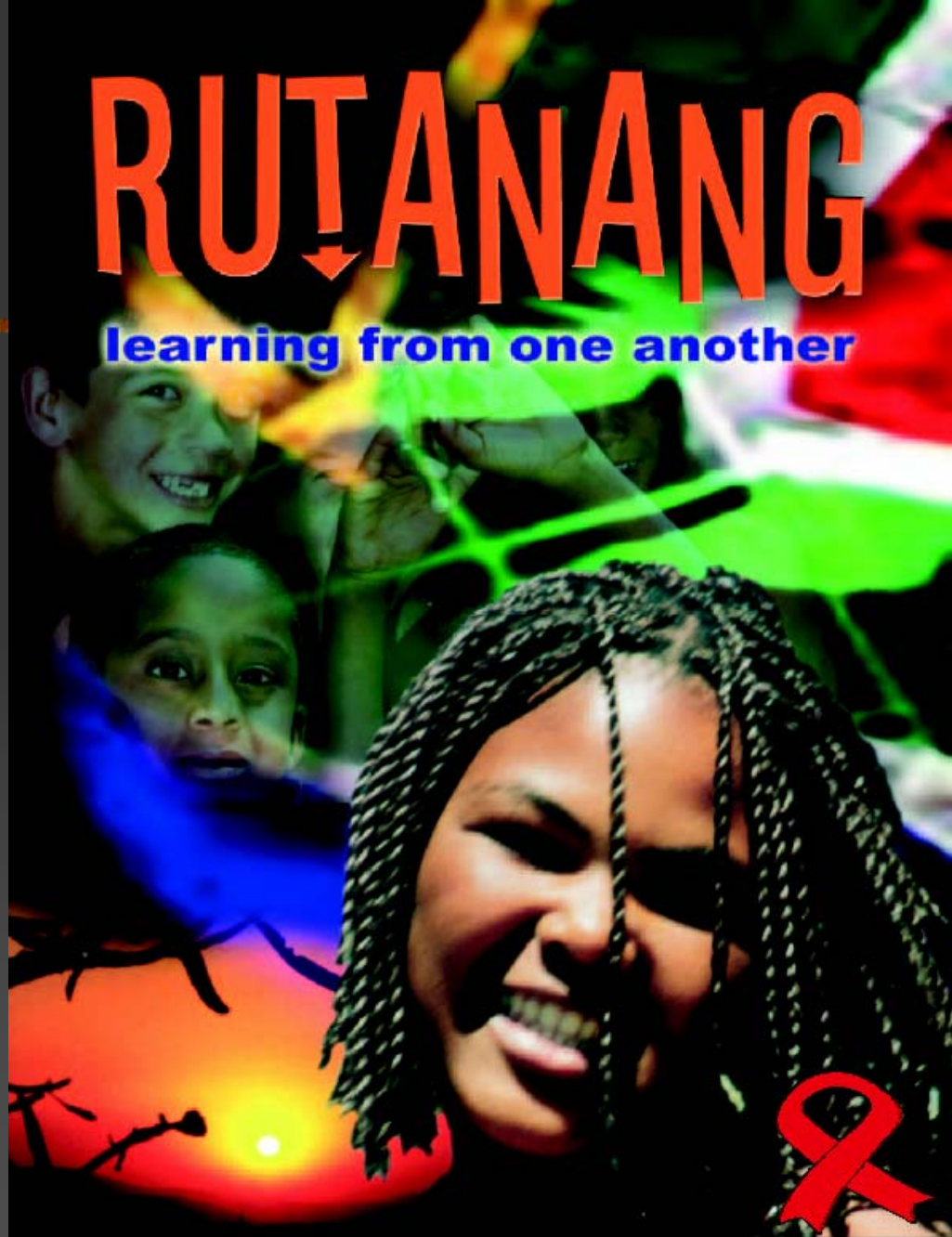
HEAIDS, VCT and PEPFAR

To strengthen the capacity of the HE sector to provide access to VCT and broader HIV services for staff and students through capacity building, agreed HE standards and systems:

- Professional skills development workshops
 - Development of national Management Information System and database on HE PHC/HIV services; resource materials development
 - Peer education strategy to encourage/support VCT uptake – *Rutanang* guidelines
-

RUTANANG

learning from one another



standards of practice, implementation guides and a self-improvement
process for peer education programmes in south africa



...**YOUR** NOVES

Got what it takes?

A game of love and life

PG
18
SN

SAUVCA

DFID

REPUBLIC OF SOUTH AFRICA
MINISTER OF HEALTH
DR. M. M. MOGAE

CDC

HEAIDS

Development
Cooperation
Ireland



Get tested for HIV

Higher Education HIV/AIDS Programme



Contact your campus health service for assistance.

The people in this poster are models • Developed by Barbara Michel and Tania Vergnani in conjunction with Tristar Technologies



Using Peer Education for VCT

- Well established delivery system
 - Organised to support orientation with first years as well as on going peer education activities (not campaigns but ongoing sessions)
 - Supervised, trained and programme planned
 - Collaborative work between Campus Health and Student Counselling
 - Create opportunities for reaching high risk (first years, male students)
 - Workshops and training focus on how to discuss and encourage VCT and promote knowing your status
 - Creative opportunities to study and examine group pre-test, beyond awareness and risk reduction models
 - Can start to measure relationship between peer ed and VCT uptake – design of MIS
-

Challenges...

- Two years of re-organization, mergers, instability
 - VCT/CH in HE seen as isolated service belonging to 'health' rather than an integral part of the Institution operations
 - Blockages in managing linkages between HIV/AIDS services and related departments
 - Having contract staff creates barriers to quality services
-

Challenges 2...

- DoE difficulty with a health focussed service
 - DoH challenged to incorporate HE within Public Health System (getting better)
 - Lack of HE leadership due to fear of institutional stigma
 - Competing demands, different provincial strategies and decentralised operating protocols
-

HEAIDS VCT Progress...

- 5 workshops...VCT Counselling, Couples counselling, legal and human rights, ARVs and Peer education
+/- 128 participants – professional staff
 - Data, June to September 2005
4,523 (not all Institutions reported)
-

Future Priorities...

- Promote a linked holistic system across the sector
- Establish sector quality
- Implement a national MIS
- Professional development through 2006
- Investigate increased prevention/VCT integration through peer education strategies
- Investigate ARV management and expanding services for opportunistic infections
- Streamline services and improve internal communication
- Increase utilisation of cross discipline expertise